

On Thursday, October 27, 2011, the Workforce Flexibility/Change of Scope of Practice MRT Workgroup held its second meeting in New York City. The Workgroup focused this meeting on the development of a multi-year strategy to redefine the healthcare workforce, as well as examine and possibly expand the scope of practice for mid-level providers mostly impacting long term care settings.

Two subgroups were formed to discuss each proposal in detail – one subgroup was formed for non-licensed healthcare workers and another subgroup for licensed professionals. Each subgroup met privately the day before the October 27 public meeting to discuss, merge and negotiate each proposal.

In total, the Workgroup advanced seventeen short term proposals and two long term proposals for consideration. The Workgroup suggested that the short term proposals would be included in the Governor's 2012-13 proposed budget, to the extent the proposal requires statutory authority. The long term proposals would require additional development and would be recommended for implementation after 2012-13.

Bill Ebenstein, co-chair, noted that the Workgroup will not advance the proposal to allow LPNs to perform assessments in long term care settings. It was stated that this proposal will not be advanced or recommended because this proposal did not have a "champion."

The Department of Health is currently finalizing each proposal. When each proposal is finalized, the Department indicated that they will post each proposal on the Department's MRT website. Additionally, each proposal is currently being scored by Workforce Members. Final recommendations will be discussed at the November 7 meeting in New York City.

Meeting materials are below.

## **I. Scoring Methodology**

Karen Westervelt, Special Advisor for Primary Care Development, reviewed the scoring process for the proposals under consideration by the Workforce Flexibility/Change of Scope of Practice MRT Workgroup. The scoring methodology, a modified Delphi technique, will be used to score each proposal. This technique considers four components – cost, quality, efficiency, and overall impact to the Medicaid program.

## **II. Non-Licensed Worker Proposals**

The following short and long term proposals were advanced at the meeting:

*Short Term Proposals*

*Home Health Aides/Personal Care Aides*

**Expand personal care aide training, home health aide training and CNA training in various patient care settings to allow for stackable credentialing.** This proposal would provide certification and coordination of training for home attendants, home health aides and Certified Nurse Aides (CNAs). This proposal would allow for stackable credentialing.

**Create advanced home care aide certification.** This proposal would create an advanced home care aide certification to provide for additional training which would allow home care aides to have an expanded range of tasks delegated to them by registered nurses (RNs). The tasks would be outlined in regulation by the Department of Health. This proposal would not impact the Consumer Directed Personal Assistance Program (CDPAP). It is stated that this proposal could move forward without a change in statute.

**Permit advanced aides, under the supervision and training by a RN, to assist in self directing and non self directing patients with pre-poured medication in various settings (i.e. MLTC, hospice, private pay).** Under this proposal, the provider would identify a specific resident/consumer, and a RN would provide specific training to a specific aide for that resident/consumer. This would only apply to "routine" situations. Aides would be required to meet certain competencies. NJ and Washington State have implemented similar pilot programs with successful higher quality outcomes.

#### *Consumer Directed Personal Assistance Program*

**Extend \$500,000 in funding for expanded education and outreach for the Consumer Directed Personal Assistance Program (CDPAP).** This funding would be targeted at underserved communities.

#### *Certified Nurse Aide (CNA)*

**Create advanced CNA certification which would allow for expanded roles and additional responsibilities, including, but are not limit to, the dispensing of prepoured medication and the change of simple dressings, in nursing homes.** This proposal was advanced by several nursing home associations and is designed to allow for more cost effective care. This proposal is designed as a "career ladder" which would allow for increased worker satisfaction and increased job retention.

#### *Long Term Proposals*

The long term proposals include:

**Create a Workgroup to assess the role and possible expansion of the emerging community care workers and care managers.** This proposal would require the State to convene a workgroup to assess the emerging community care worker and care

management fields (i.e. mental health workers, parent advocates, peer wellness coaches, etc.). This workgroup should consider training and certification, and stackability of credentialing.

**Create a Workgroup to assess the expansion of workers in long term care settings.** This Workgroup would examine the training and roles of direct care workers across long term care settings. The Workgroup would evaluate whether workers are adequately prepared to expand their roles and participate in new patient centered models of care.

### **III. Licensed Professional Worker Proposals**

#### *Short Term Proposals*

**Allow physicians employed by Article 28 facilities to perform home visits in order to assist home bound individuals, especially those located within rural communities.** This proposal is similar to what is currently permitted by Federally Qualified Health Centers (FQHCs). This is a reimbursement/authority issue for physicians, not scope of practice.

**Expand authority of standing orders in hospitals and emergency rooms.** This proposal would expand the authorization of “standing orders” in certain circumstances (i.e. ER) which would allow for immediate treatment upon arrival and would not require authority by a physician. The Workgroup indicated that this is similar to the protocol currently being discussed at the federal level. In the past, the State Education Department has voiced concern because, in general, standing orders are not patient specific.

**Establish certification for Clinical Nurse Specialists (“CNS”).** This proposal would establish certification for Clinical Nurse Specialists in New York State. This certification has been requested to be added to State regulation. This proposal would grant a title recognizing a nurse’s enhanced training and certification. Specialty areas include psychiatry, acute care, systems management and systems change to help patient’s move through the health care delivery system. It was noted that CNS are recognized in 38 other States. This proposal is a title protection issue, not scope of practice.

**Remove physician supervisory ratio.** This proposal deletes the restriction on the number of physician assistants (“PAs”) a physician may supervise, allowing this to be determined at the practice or facility. Current law restricts a physician to supervising 2 PAs in an office setting, 4 in a correctional facility, and 6 in a hospital.

**Create the category of registered dental hygienist, collaborative practice, which authorizes dental hygienists to practice without supervision but within a collaborative practice agreement with a licensed dentist.** This proposal is similar to Assembly Member Paulin Bill A.111.

**Establishes the nurse practitioners modernization act which allows the practice of registered professional nursing by a certified nurse practitioner to include diagnosis and performance without collaboration of a licensed physician.** This proposal is similar to Senator Young bill S.3289.

**Expand scope of practice for Certified Nurse Anesthetists.** This proposal would allow certified nurse anesthetists to administer anesthesia not under direct supervision of an anesthesiologist.

**Eliminate the sunset provision which allows certified social workers to provide certain services at OMH licensed facilities.** This proposal was advanced by the Office of Mental Health.

**Expand scope of practice for podiatrists.** This proposal expands the definition of podiatry to include conditions of the ankle and of all soft tissue structures of the leg below the knee affecting the foot and ankle. This proposal is similar to Legislative Bill A.3475 (Pretlow)/S.3758 (Libous).

#### **IV. Other**

**Create an Independent Advisory Body to develop a process and structure for all scope of practice changes.** This proposal would create a process and structure for objective assessment of all changes in workforce flexibility and change in scope of practice. This proposal was originally proposed by the Center for Workforce Studies.

**Create a Primary Care Services Corps to increase the supply of non-physicians in underserved areas.** This proposal would provide loan repayment for non-physicians in exchange for a service obligation in a medically underserved area of the state. Dentists would be included in the proposal. New state funding would total \$500,000 in the first year, increasing to \$1 million when fully annualized. State funding would be matched by federal state loan repayment program funds.

#### **V. Next Steps**

The last meeting of the Workforce Flexibility/Change of Scope of Practice MRT Workgroup will take place on Monday, November 7 in New York City.



## Workforce Flexibility / Change of Scope of Practice Medicaid Redesign Team Work Group Meeting Summary

October 27, 2011; 10:00 a.m. – 3:00 p.m.  
NYS Department of Health, 90 Church Street  
Conference Room A/B, 4<sup>th</sup> Floor, NY, NY 10007

**Members in Attendance:** Co-chair: William Ebenstein, PhD; Co-chair: George Gresham; Penny B. Abulencia, RN, MSN; Karen Coleman; Thomas Curran, DDS; Moira Dolan; Joy Elwell, DNP, FNP; Tina Gerardi, MS, RN, CAE; Kathryn Haslanger, JD, MCRP; Fred Heigel; Robert Hughes, MD, FACS; David I. Jackson, MPAS, RPA-C; Tim Johnson; Lauren Johnston; Deborah King; Stephen Knight; Bruce McIver; Bryan O'Malley; Kathleen Preston; Bill Stackhouse PhD; Audrey Weiner, DSW, MPH; Douglas Wissmann, Mary Ellen Yankosky, RDH, BS

**Members Not in Attendance:** Valerie Grey; Jean Moore; Peggy Powell; Jean Heady

### Summary of Key Meeting Content:

Following a reading of the charge issued to the Work Group by the MRT, members approved its adoption with one modification. The reference to the expectation that the Work Group would discuss the consequences of implementing recommendations was modified to a discussion of changes that could result from implementation.

DOH Staff introduced a survey tool that will be used to help the Work Group make better informed decisions regarding the relative priority of the proposals under consideration. The process, successfully used by the full MRT and another MRT Work Group, employs a modified Delphi technique to assess the degree to which each proposal could address goals of Medicaid Reform, i.e. cost, quality, efficiency, and overall impact on the Medicaid program. DOH will send the survey instrument and instructions to members on October 28. Members will complete it and send it to DOH by November 1. DOH will analyze the results and provide members with a summary prior to the Work Group meeting on November 7. Since proposals are still in draft form, this is a preliminary prioritization that will be helpful in developing final recommendations. DOH will only produce formal fiscal cost/benefit projections for the Work Group's final recommendations, so members are advised to use their "best judgment."

The following ground rules were established for this Work Group meeting:

- MRT is still accepting new proposals, but with a November 15 deadline for submission of final recommendations, any new proposal related to workforce flexibility or change in scope of practice would have to be particularly compelling to be considered by this Work Group.
- The Work Group as a whole will be able to amend proposals until they are finalized.
- Members who want to change their own proposal(s) following today's discussion were instructed to add "Subject to Modification" on the Proposal Information Sheet.
- A ten minute time limit was set for presentation and discussion of each proposal.
- Since proposals were previously debated within subgroups, vigorous debate at this meeting was discouraged.

## Redesigning THE MEDICAID PROGRAM



The subgroups for non-licensed worker and licensed worker presented the results of their activities since the October 3 meeting. Closely related proposals were consolidated. Proposals that could be implemented in the short term were distinguished from longer term proposals that (a) were not sufficiently developed for legislative action, or (b) would take several years to implement. DOH staff presented proposals not fitting into the categories of licensed or non-licensed professionals. Some were referred to other MRT work groups. Readers requiring detailed information on the discussion of individual proposals or consolidated proposals should access the recording of the meeting on the DOH public web site under the MRT content area.

DOH Staff presented a newly developed proposal for a process and structure for objective assessment of all changes in workforce flexibility and change in scope of practice. The idea was originally proposed Center for Health Workforce Studies, and it is consistent with the emerging shift to evidence-based decision making. The Work Group was informed that another similar proposal had been received the day before the meeting from the Medical Society of the State of New York that called for the creation of an ongoing voluntary advisory committee with a broad based representation of stakeholders. This proposal was subsumed into the earlier proposal.

DOH staff also prepared a proposal to create a Primary Care Service Corps that would provide loan repayment for non-physician clinicians in exchange for a service obligation in a medically underserved area. State funding would be matched by federal State Loan Repayment Program funds.

### **Next steps / preliminary agenda for next meeting:**

Members will submit Proposal Information Sheets to DOH by Friday October 28. Any new proposal must be submitted to the Work Group by November 3. DOH will provide members with all Proposal Information Sheets distributed at the October 27 meeting. DOH will develop the survey instrument for preliminary prioritization and send it to members by October 28. Members will complete the survey and return it to DOH by November 1. DOH will analyze the results and send them to Work Group members for their consideration.

### **Agenda for next meeting:**

- o Review the results of the preliminary priority scoring process completed by Work Group members;
- o Finalize the wording of proposals;
- o Use scoring results to help prioritize the proposals;
- o Identify short term and long term candidate recommendations for consideration by the MRT;
- o Reduce the list to establish final recommendations;
- o Reach consensus on the final slate of proposals to recommend to the MRT;
- o Review the MRT Work Group's Final Recommendations Form, and develop an action plan for completing and submitting one form for each final recommendation being advanced;
- o Plan for distribution, review, and approval of final Work Group recommendations.

### **Next meeting date, time, location:**

November 7, 2011; 10:00 a.m. – 3:30 p.m.; 90 Church St., Conference Room A/B, 4<sup>th</sup> Floor, NY, NY 10007