



## MRT Work Group Meeting Summary

### WORK GROUP NAME:

Workforce Flexibility / Change of Scope of Practice Workgroup

### MEETING DATE, TIME, LOCATION:

October 3, 2011

10:30 a.m. – 3:30 p.m.

NYS Department of Health, Main Conference Room  
875 Central Avenue, Albany NY 12206

### MEMBERS IN ATTENDANCE:

**Co-chair:** William Ebenstein, PhD; **Co-chair:** George Gresham

Penny B. Abulencia, RN, MSN; Karen Coleman; Moira Dolan; Joy Elwell, DNP, FNP; Tina Gerardi, MS, RN, CAE; Valerie Grey; Kathryn Haslanger, JD, MCRP; Jean Heady; Sherry Chorost (proxy for Fred Heigel); Robert Hughes, MD, FACS; David I. Jackson, MPAS, RPA-C; Lauren Johnston; Tim Johnson; Deborah King; Stephen Knight; Jean Moore; Bryan O'Malley, Peggy Powell; Kathleen Preston; Bill Stackhouse PhD; Audrey Weiner, DSW, MPH; Douglas Wissmann, Mary Ellen Yankosky, RDH, BS.

### SUMMARY OF KEY MEETING CONTENT:

Following a reading of the workgroup's goals and charge, as well as an overview of the MRT process and timeframe, DOH staff conducted presentations on the following topics:

- *MRT proposal number 200\**, including required changes to laws, rules, and regulations;
- *adopted and proposed legislation related to health care workforce scope of practice;*
- *current practice parameters for the professions of registered nurse, licensed practical nurse; home health aide, personal care aide, and certified nursing assistant;*
- *scope of practice for dental hygienists;*
- *other efforts related to the workgroup's charge, specifically the President's Job Council and the HRSA planning grant on health workforce development awarded to the NYS Workforce Investment Board - Health Workforce Development Subcommittee;*
- *episodic payments for certified home health agencies;*
- *the emerging health homes model of care; and*
- *medical homes for the NYS Medicaid population.*

Workgroup members then proposed strategies to increase workforce flexibility and to expand the scope of practice for several types of health care providers, including changing the roles associated with specific health care professions and adjusting training and certification requirements. Potentially conflicting recommendations were highlighted for future discussion. DOH proposed a tentative process and timeframe for advancing the work through the next meeting and agreed to work with the co-chairs to refine both.

## NEXT STEPS/PRELIMINARY AGENDA FOR NEXT MEETING:

By October 4, workgroup members will electronically submit their proposed strategies to DOH via the MRT workforce mail log. DOH staff will compile all proposals and tentatively classify them by sector (primary care, acute care, long term care, multiple levels of care) and implementation timeframe (short term, long term). The proposals, compiled in a spreadsheet, will be returned to the members within a week for edits/corrections. A follow-up survey asking members to prioritize their proposals will be sent out shortly thereafter. The Co-chairs will direct the formation of subgroups to explore the proposals and to assemble information that will be needed by the full workgroup at its next meeting.

The preliminary agenda for the next meeting will include the following action items:

- 1) *Identify any changes needed to the workgroup's official charge.*
- 2) *Report the results of subgroup activities to the full workgroup.*
- 3) *Address any duplication among proposals and build consensus where needed.*
- 4) *Prioritize the consolidated proposals.*
- 5) *Identify recommendations to be developed for possible consideration by the full MRT.*
- 6) *Identify recommendations that should be advanced for implementation over the long term.*
- 7) *Review the MRT Workgroup's Final Recommendations form, and develop an action plan for completing and submitting one form for each recommendation being advanced.*

## NEXT MEETING DATE, TIME, LOCATION:

October 27, 2011  
10:00 a.m. – 3:30 p.m.  
90 Church St., Conference Room A/B, 4<sup>th</sup> Floor,  
New York, NY 10007

*\*MRT Proposal #200: Change in scope of practice for mid-level providers to promote efficiency and lower Medicaid costs.*