

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

January 29, 2009

3:07 p.m.

MEMBERS PRESENT

Representative Bob Herron, Co-Chair
Representative Wes Keller, Co-Chair
Representative John Coghill
Representative Bob Lynn
Representative Paul Seaton
Representative Sharon Cissna

MEMBERS ABSENT

Representative Lindsey Holmes

OTHER LEGISLATORS PRESENT

Senator Bettye Davis

COMMITTEE CALENDAR

PRESENTATION: HEALTH CARE PROFESSIONAL WORKFORCE DEVELOPMENT

- HEARD

PREVIOUS COMMITTEE ACTION

No Previous Action to Record

WITNESS REGISTER

JAY BUTLER, M.D.
Chief Medical Officer
Office of the Commissioner
Department of Health and Social Services (DHSS)
Juneau, Alaska

POSITION STATEMENT: Moderator and presenter during the panel presentation.

KAREN PERDUE, Associate Vice President
Health Programs
University of Alaska (UAA)
Anchorage Alaska

POSITION STATEMENT: Presented a power point and answered questions during the panel presentation.

MARILYN KASMAR, Executive Director
Alaska Primary Care Association, Inc. (APCA)
Anchorage, Alaska

POSITION STATEMENT: Presented a power point and answered questions during the panel presentation.

ROD BETIT, CEO
Alaska State Hospital & Nursing Home Association (ASHNHA)
Juneau, Alaska

POSITION STATEMENT: Presented a power point and answered questions during the panel presentation.

DELISA CULPEPPER, Chief Operating Officer
Alaska Mental Health Trust Authority (AMHTA)
Anchorage, Alaska

POSITION STATEMENT: Presented a power point and answered questions during the panel presentation.

EVANGELYN DOTOMAIN, President & CEO
Alaska Native Health Board (ANHB)
Anchorage, Alaska

POSITION STATEMENT: Presented a power point and answered questions during the panel presentation.

ACTION NARRATIVE

[3:07:50 PM](#)

CO-CHAIR WES KELLER called the House Health and Social Services Standing Committee meeting to order at 3:07 p.m. Representatives Keller, Herron, Cissna, and Seaton were present at the call to order. Representatives Lynn and Coghill arrived as the meeting was in progress. Senator Davis was also in attendance.

Presentation: Health Care Professional Workforce Development

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CO-CHAIR KELLER announced that the only order of business would be a Power Point presentation by the Health Care Professional Workforce. He introduced the participants to the presentation.

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JAY BUTLER, M.D., Chief Medical Officer, Office of the Commissioner, Department of Health and Social Services (DHSS), said that the four pillars of health care were access, cost, quality, and prevention and that each of those pillars was interrelated in order to support the health care system.

[Included in the members' packets were copies of the Power Point presentation, "Alaska's Health Care Workforce: Shortage & Solutions"]

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KAREN PERDUE, Associate Vice President, Health Programs, University of Alaska, said that she had studied health care work issues for 6 years. She shared that health care included 119 occupations and was eight to nine percent of the employment sector in Alaska. She observed that the jobs were in both urban and rural communities. She referred to slide 3, titled "Key Points," and said that there was always a shortage of health care providers in Alaska. She identified labor as a major expense for health care. She announced that DHSS, University of Alaska, and the health care industry were working together for solutions to Alaska's health care problems.

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MS. PERDUE directed attention to slide 4, titled "Big Industry," and pointed out that there was a 62 percent job growth in Alaska health care from 1992 to 2002. She mentioned that the Department of Labor & Workforce Development (DLWD) had indicated that nine of the ten fastest growing Alaska jobs were in health care. She disclosed that half of the health care jobs were at the associate or the direct service workers levels.

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MS. PERDUE indicated slide 5, "Where The Health Care Workers Are," and pointed out that 25 percent of the jobs were in rural Alaska. She acknowledged that the University of Alaska worked to meet student needs for all areas of Alaska. She summarized that 40 percent of health care jobs were in hospitals, 50 percent were in doctor offices or community settings, and 10 percent were in nursing homes or residential care facilities.

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MS. PERDUE discussed slide 6, titled "Shortages: An Overview," which reflected the number, rate, and mean replacement time for health care job vacancies. She added that this data did not reflect those communities that had foregone the search for many health care positions.

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MS. PERDUE referred to slide 7, "Health Professions Retirements," and noted that 43 percent of the future openings in health care positions would just be to replace retiring workers. She acknowledged that this made worker replacement even more difficult.

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MS. PERDUE introduced slide 8, "Industry Perspective," and explained the extra layer of unnecessary recruitment costs to hire itinerant providers.

CO-CHAIR KELLER welcomed Senator Davis, Chair of the Senate Health and Social Services Standing Committee.

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REPRESENTATIVE SEATON asked if there were nurses in Alaska not able to find jobs.

MS. PERDUE replied that, generally, all the University of Alaska graduates were obtaining jobs. She pointed out that these graduates did not yet have the specialty skills.

REPRESENTATIVE SEATON asked the reason for the nursing shortage.

MS. PERDUE explained that there were different levels of nurses. She pointed out that the University of Alaska currently had 700 students who wanted to be nurses.

REPRESENTATIVE SEATON asked why, with so many nursing students, there was a nursing shortage.

MS. PERDUE explained that the Anchorage nursing program had expanded to include ten other sites. She cited the success of keeping graduates in their graduation community. She said that this had not allowed for an expansion of the Anchorage program, until recently. She recounted problems with a shortage of faculty and hospital clinical space for students.

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REPRESENTATIVE CISSNA asked if retention was a problem.

MS. PERDUE agreed, but noted that tracking for the last three years had indicated that more students were hired and stayed in Alaska.

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SENATOR DAVIS asked about the money source to expand the nursing program and what was the percentage of nurses hired from out of state.

MS. PERDUE indicated slide 9, "Possibles: Alaska," and recounted that there were 26,000 employed health care workers. She pointed out that there were 4,300 health care students but only 1,200 students graduated each year. She went on to explain that the strategy to increase the numbers had to also account for retirement and attrition.

MS. PERDUE offered her belief that it would be a long time before Alaska did not need to import health care professionals. She indicated slide 10, "Possibles," and explained the "Grow Your Own" strategy, which included early age education, training cooperatives, apprenticeships, and loan repayment programs.

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MS. PERDUE described slide 11, "Approach to Health Programs at the University of Alaska." She explained that the expensive programs could not be duplicated around the state so instead, the programs would be exported and to where the students were.

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CO-CHAIR HERRON asked about the success of the regional training centers.

MS. PERDUE said that this was the way to go. She displayed slide 12, "University of Alaska Health Programs," and detailed the programs.

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MS. PERDUE pointed to slide 13, "University of Alaska Health Students," which showed annual comparative graphs of UA Health Students with those who completed the Health program.

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MS. PERDUE examined slide 14, "UA Health Students," which listed Health Program study areas and its enrollment percentage on each campus for 2007.

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MS. PERDUE discussed slide 15, "Major Recent Initiatives," which listed the significant program growth since 2002. This included double the enrollment for the Masters in Public Health program, double the nursing program graduates, and twice the admissions for the physician assistant program.

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CO-CHAIR HERRON asked which success was most rewarding for Ms. Perdue.

MS. PERDUE responded that she was most proud of nursing.

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MS. PERDUE pointed to slide 16, "Admissions to Basic Nursing Programs," which compared the increase in current enrollment for each program to the 2001 enrollment.

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MS. PERDUE noted that slide 17, "AAS Nursing Program Sites," depicted a map of Alaska with the Nursing program sites. She summarized slide 18, "AAS Nursing Program Graduates," which compared the graduate percentages between Anchorage and the Outreach programs for the 2008 Nursing program.

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MS. PERDUE talked about slide 19, "Behavioral Health," which reflected the joint work of University of Alaska, DHSS, and Alaska Mental Health Trust Authority.

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MS. PERDUE said that slide 20, "Distance Courses, Rural Allied Health Training," showed the courses available outside of Anchorage.

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MS. PERDUE discussed slide 22, "Alaska's AHEC," and explained that AHEC (Area Health Education Center) was a federal program to help Alaskans enter into health careers.

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MS. PERDUE referred to slide 23, "What's On The Horizon," and noted the \$1.8 million that Governor Palin had allocated in the proposed FY 2010 budget for New Program Development. She explained that this would include establishment of a Ph.D. pharmacy program in Alaska in relationship with Creighton University, a Physical Therapy/Assistant program, and Bachelor of Science (BS) programs in Nutrition and Dietetics, among others. She also noted that Governor Palin's proposed FY 2010 budget included \$2.2 million for the Family Practice Residency program at Providence Hospital.

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MS. PERDUE continued on to slide 24, "Physician Assistant," and noted that students were being interviewed for the 2009 summer program.

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MS. PERDUE pointed out the map depicting the "UAA Health Science Building" on slide 25.

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MS. PERDUE reviewed slide 26, "Science Space at UAF," and talked about the need for teaching and research space. She expressed hope for this building project to move forward.

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REPRESENTATIVE CISSNA offered her belief that solutions for the long term problems began at the primary school level with life skill development.

MS. PERDUE acknowledged the early need for kids to see role models.

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CO-CHAIR HERRON asked if admission space for Alaskans to the University of Washington (UW) Physician Assistant (PA) program was based on population and was comparable to other states.

MS. PERDUE explained that UAA currently accepts ten students to the UW program and she expressed her support for admitting twenty UAA students to the program.

CO-CHAIR HERRON confirmed that space was based on what UAA could handle.

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CO-CHAIR HERRON asked if these needs and requests were being introduced to the upcoming Health Care Commission.

MS. PERDUE explained that workforce was a part of health care reform.

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REPRESENTATIVE LYNN asked about the background for most of the PA applicants.

MS. PERDUE reported that most of the applicants had clinical experience, including Emergency Medical Technicians (EMT) and nurses.

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MARILYN KASMAR, Executive Director, Alaska Primary Care Association, Inc. (APCA), noted that Alaska employed four times the national average of PA's.

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MS. KASMAR presented her Power Point [included in the members' packets] entitled "Alaska's Healthcare Workforce: View from the Safety Net." She said that APCA was a membership organization of Alaska community health centers and other safety net providers. She pointed out slide 2, "The CHC Model," and described Community Health Centers (CHC). She noted that the

CHC had been an effective presence in Alaska since 2001, and that there were now 141 sites in the state. She emphasized that CHC were non-profit, served the entire community, and would not turn anyone away, regardless of the ability to pay.

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MS. KASMAR directed attention to slide 3, "CHC Model: The Safety Net," and explained that the CHC provided comprehensive, primary, and preventive care, which included medical, dental, and behavioral health care. She commented that the CHC reduced the use of the more costly Emergency Room visits.

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REPRESENTATIVE COGHILL asked about the professional credentials' required of CHC employees.

MS. KASMAR reported that the site providers were physicians, PA's, nurse practitioners, and other board certified workers.

REPRESENTATIVE COGHILL asked if there was a baseline certification level to maintain federal funding for each CHC.

MS. KASMAR noted that when a physician left a CHC, another CHC would offer support personnel until the position was filled.

REPRESENTATIVE COGHILL observed that this would be talked about during the workforce discussion.

MS. KASMAR explained that the CHC do work collaboratively.

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CO-CHAIR HERRON, with reference to the sliding scale fee, asked if it was necessary to have some minimal payment.

MS. KASMAR offered her belief that patients' wanted to contribute. She emphasized that the fee was not intended to be a barrier for care, but it was intended to help with accountability.

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CO-CHAIR KELLER asked about the federal grant.

MS. KASMAR explained that the grants were provided by the Health Resources Services Administration, Bureau of Primary Health Care, and that there were project officers who furnished oversight.

CO-CHAIR KELLER asked what percentage of the operating costs was covered by the grant.

MS. KASMAR said that this depended on the size of the operation, but that it ranged from 33 to 67 percent.

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MS. KASMAR introduced slide 4, "Community Health Centers Alaska - 2009," and recounted that the CHC served 81,000 Alaskans for more than 331,000 visits.

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MS. KASMAR pointed out that slide 5, "Alaska's Community Health Centers," was a map marking the centers.

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MS. KASMAR explained that the pie chart on slide 6, "Many Alaska CHC patients are Poor," indicated the target population's income relative to the Federal Poverty Level.

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MS. KASMAR spoke to slide 7, "Many Alaska CHC patients are Uninsured," which illustrated the sources for patient payment. She noted the growing percentage of uninsured in Alaska.

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MS. KASMAR summarized that the map on slide 8, "Geographic Disparities in Health Insurance Coverage," showed that there were more uninsured people the further away from urban areas.

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MS. KASMAR related that slide 9, "The Aging of Alaska's Population Will Continue to Create a Strong Demand for Health Care Services," demonstrated that as people age, the health conditions become more complex, and the health care needs become

more numerous. She pointed out that the retirement of providers was leading to the further shortage of health care workers.

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MS. KASMAR explained that the graph on slide 10, "Growth in Health Center Dental & Mental Care, 2000-2005," revealed the growth of Dental and Mental Health services, but she reminded that there was still a shortage of personnel.

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MS. KASMAR pointed out that slide 11, "Healthcare Workforce Shortage: Giant Problem for Alaska's CHC's," listed the problems associated with the shortage, which included the expense and difficulty to recruit and retain workers.

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MS. KASMAR compared the difficulties of urban to rural hiring listed on slide 12, "The Shortage Problem in the Nation".

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REPRESENTATIVE SEATON asked what solutions were being used to offset the shortage of health care providers in rural settings.

MS. KASMAR replied that the "Grow Our Own Initiative" which funneled students from rural areas into the training programs, loan repayment programs, and recruiting services were all tools used nationally for rural programs. She pointed out that Alaska did not have a loan repayment program, and that the recruiting services had not had success with rural Alaska placements.

REPRESENTATIVE SEATON asked if there were any specific programs to train and hire from the home community.

MS. KASMAR referred to the AHEC program mentioned earlier. She explained that the CHC was very interested in placing students for rural rotations.

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MS. KASMAR presented slide 13, "What are Factors that are Driving this Shortage?" and said that studies showed that 75 percent of the practitioners would do their work within 50 miles of their residency. She also mentioned that although the

current leadership was preparing to retire, the next group was not quite ready to take over.

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MS. KASMAR compared the statewide and rural vacancies and vacancy rates for primary caregivers outlined on slide 14, "The Shortage Problem- in Alaska Primary Care Occupations."

REPRESENTATIVE COGHILL asked for a comparison to national averages.

MS. KASMAR said that she would supply that information, and she offered her belief that Alaska vacancies lasted longer due to the remoteness of rural Alaska.

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CO-CHAIR KELLER asked if these figures only reflected the CHC.

MS. KASMAR replied that slide 14 was statewide vacancy studies, but that slide 15, "Dentist Vacancy Rates at Health Centers (2004)," did reflect the vacancy differential from rural to urban areas, and was specific to Community Health Centers.

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MS. KASMAR pointed out that good health care was a community affair, as quoted on Slide 16, especially with regard to recruitment and retention.

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MS. KASMAR agreed that the health professional deficit would get worse, as quoted on slide 17, "Will the Shortage Get Better or Worse?"

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MS. KASMAR attributed slide 19, "A Problem that Must Be Resolved," to a discussion with a recruiter who claimed that the primary reason for the difficulty in filling Alaska health care positions was the lack of a state loan repayment program.

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MS. KASMAR remarked that community health center personnel are mission driven, but that, as slide 20, "What Does National Expert Opinion Say?" indicated, the loan repayment option was very important to them.

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MS. KASMAR summarized slide 21, "APCA-2009 Legislative Priorities Healthcare Workforce," which stated that the loan repayment plan and the PA expansion program were the most important solutions to the workforce shortage.

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ROD BETIT, CEO, Alaska State Hospital & Nursing Home Association (ASHNHA), referred to slide 2, "Hospital and Nursing Facilities," which showcased a map of Alaska with the member organizations.

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MR. BETIT presented slide 3, "Big Employers," and noted that Providence Health System was the largest employer in Alaska. He pointed out that 24 of the top 110 biggest employers in Alaska were health care services.

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MR. BETIT directed attention to slide 4 "Industry Perspective," and said that more than \$1.5 million had been saved in nurse recruiting costs since local training programs had begun.

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MR. BETIT continued on to slide 5, "Nurse Overtime Survey Results," and said that there was still a problem keeping enough patient care staff and this was an even bigger problem in the rural areas.

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MR. BETIT explained that the "Cromer Report," shown on slide 6, was a 20 minute health attitudes survey asked to 1,700 Alaskans which revealed that the public felt hospitals were responsible for filling all the workforce shortages in healthcare, not just the major shortages.

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MR. BETIT reviewed slide 7 "Access to Care: Community Innovations," and said that workforce improvement was not being handled in isolation from other programs. He said that there would be a proposal for a loan repayment program. He gave examples of some of the new programs in Kenai, Ketchikan, Fairbanks, and Anchorage.

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MR. BETIT skipped slides 8 and 9. He pointed to the "Trained Professionals" on slide 10 and noted that there was a lot of competition for practitioners. He acknowledged that smaller, rural communities had the most difficulty finding professional health care staff.

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MR. BETIT jumped to slide 14, "Examples of Other States with Support-for-Service Programs," (SFSP), and slide 16, "SFSP Options...", and spoke about loan repayment and direct incentive programs as solutions for the workforce shortage in Alaska. He advised that it would be necessary to receive financial support from the legislature for this approach to be successful.

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MR. BETIT skipped to slide 20, "Health Care Professions Loan Repayment & Incentive Program-Interagency Planning Group," and discussed how this group was formed and how this program came together.

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MR. BETIT pointed out that slide 21, "The 'Big Ten' Occupations," listed a starting point for the most needed occupations. He explained that the planning group advised for nine positions within each of these ten listed occupations which would bring 90 additional health care professionals to Alaska.

MR. BETIT directed attention to slide 22, "Health Care Professions Loan Repayment & Incentive Program," which listed program and funding details in order to fill these 90 health care professional positions.

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DELISA CULPEPPER, Chief Operating Officer, Alaska Mental Health Trust Authority (AMHTA), referred to her Power Point presentation, titled "Trust Workforce Development Focus Area." She began with slide 4, "Five Focus Areas," which listed five ways that AMHTA wanted to change the system of service to its beneficiaries. She noted that four of the programs had begun five years earlier, but that "Workforce Development" only became a focus in the past year. She referred to the handout [included in the members' packets] "Workforce Development at a Glance, 2008."

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MS. CULPEPPER shared that the problems of workforce development included recruitment, retention, and training. She explained that training included both educational and occupational on the job training within the communities.

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MS. CULPEPPER reported that many of the necessary programs were listed on slide 6, "Training."

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MS. CULPEPPER provided slide 7, "Recruitment & Retention," which listed groups, programs, strategies, and studies to support workforce development.

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MS. CULPEPPER referred to slide 8, "Administration/Other," and noted that AMHTA needed to continue its vacancy studies and support for workforce development.

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MS. CULPEPPER spoke briefly about slide 9, "FY 2008 Results Highlights" and slide 10, "Ahead in FY 2010," which listed AMHTA plans and accomplishments.

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MS. CULPEPPER said that there were contact names for the various programs at the back of the "Workforce Development At-A-Glance 2008" handout.

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REPRESENTATIVE SEATON asked if there were available opportunities for returning veterans.

MS. CULPEPPER responded that veterans were being designated for opportunities to a second career.

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EVANGELYN DOTOMAIN, President & CEO, Alaska Native Health Board (ANHB), introduced her Power Point, "Tribal Workforce Development Update." She jumped to slides 3, 4, and 5, all titled "Tribal Health Overview," which offered a background of ANHB, including its membership, beneficiary groups, operations, sources of funding, primary health care issues, results, and ongoing challenges.

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MS. DOTOMAIN pointed to the map on slide 6, "The Alaska Native Health Care System," which showed locations and service levels. She noted that the system served the entire state, not just tribal members, and that often it was the only health service provider in the community.

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MS. DOTOMAIN directed attention to slides 7 and 8, "Tribal Health Needs," which listed the services provided and the challenges faced by Village Health Care. She noted that alcohol and drug abuse issues accounted for about 50 percent of all the emergency room visits in Alaska. She pointed out that the only care many veterans received was from the tribal health community health aides.

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MS. DOTOMAIN mentioned that slide 9, "Tribal Health among Alaska's 100 Largest Employers," illustrated the size of Alaska's Tribal Health providers.

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MS. DOTOMAIN explained that slide 10, "Tribal Vacancy Rates," illustrated many of the contributing factors for the workforce

shortage, including remote locations, lack of housing, high cost of living, less competitive salaries, and a lack of loan repayment programs.

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MS. DOTOMAIN spoke about slide 11, "Tribal vs. Statewide Vacancy Rates," which reflected the much higher vacancy rates the tribal workforce experienced. She acknowledged that a lack of Village Public Safety Officers (VPSO) and Emergency Medical Services (EMS) led to a higher attrition rate for community health aides.

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MS. DOTOMAIN addressed slide 12, "Basic Tribal Recruitment Facts," which listed the average time and expense to fill health care provider positions.

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MS. DOTOMAIN presented slide 13, "Tribal Health Care Fact," and endorsed that Alaska Natives deserved a high quality health care experience, but acknowledged that limited resources made it more difficult to provide. She noted that slide 14, "Tribal Health Actions," addressed the need for more efficient recruitment, increased education for Alaska Natives to pursue health careers, increased incentives to work in rural areas, and continued exploration for cost effective technologies to improve access.

MS. DOTOMAIN read the supports necessary for health care professionals at rural sites listed on slide 15, "What is needed?"

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CO-CHAIR HERRON emphasized that our most important role models are our parents, our care givers, and our teachers.

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REPRESENTATIVE CISSNA identified that there was a cost to the community for not having a healthy population.

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MS. DOTOMAIN invited everyone to attend the workforce development discussions at the upcoming ANHB meeting.

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REPRESENTATIVE COGHILL asked if the training for community health aides could lead to a career position.

MS. DOTOMAIN explained that the aide position required six weeks of intense training, and that annual training could lead to an associate degree in nursing. She observed that this degree could lead to a Bachelor degree in nursing and a PA degree.

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DR. BUTLER said that he would forego his Power Point presentation as it was included in the members' packets. He observed that the lack of primary care providers was a national problem and that there was also a shortage of mid-level providers. He stated that there were a number of reasons for the shortages, which included life style, lower pay, debt from public medical school, length of training, and competition.

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DR. BUTLER highlighted the importance of "growing our own" providers in Alaska, with post graduate training in Alaska. He emphasized the need for a loan repayment program.

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DR. BUTLER summarized that the challenges were across the board, and that the shortages were in the public and private sectors.

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REPRESENTATIVE SEATON referred to [slide 21, "The 'Big Ten' Occupations,"] and asked about the need for mid-level dentistry positions in rural Alaska.

MR. BETIT replied that the list had been distilled to those ten as a starting point, but that it could have been expanded to include these other positions.

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REPRESENTATIVE SEATON asked if the physicians in Ketchikan were billing a fee for service or were they on salary.

MR. BETIT explained that these were "community positions" and that there was the "fee for service." He spoke about the arrangement with the Ketchikan hospital to ensure the practices remained financially solvent.

REPRESENTATIVE SEATON expressed his concern with fee for service, and requested more information on alternative models.

MR. BETIT confirmed that the models would be tracked to see which performed the best.

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CO-CHAIR HERRON asked what could change the path that many doctors are taking.

DR. BUTLER observed that this was a complex issue and change would need to be incremental. He expressed the need to identify what can be modified and develop a 10 year plan for change.

CO-CHAIR HERRON expressed a need for more primary care doctors.

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REPRESENTATIVE LYNN asked if there was any recruitment among medical military approaching retirement.

DR. BUTLER responded that the private sector did recruit among the military. He did not know of any public sector programs recruiting from that group.

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REPRESENTATIVE CISSNA said that in the past there was not a community voice for solution. She expressed her belief that identifying the community cost for lack of community health was a key.

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ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:12 p.m.