

**Joint Select Committee on Health Reform Implementation
Workforce Advisory Group**

August 24, 2010 Meeting Summary

Statistics relating to primary care providers

Maddy Thompson from the Workforce Training and Education Coordinating Board gave a presentation on the numbers and geographic distribution of primary care providers in Washington, including physicians, physician assistants, advanced registered nurse practitioners, dentists, and dental hygienists.

Group discussion

- The advisory group brainstormed on how to expand the **capacity** of the **existing primary care** workforce. Ideas included:
 - The use of, and incentives for, team-based, coordinated care such as medical homes and medical neighborhoods.
 - Exploring how changing reimbursement can advance primary care innovations
 - Removing barriers that prevent primary care practitioners from working at the "top" of their license
 - Understanding scope of practice issues related to new "team" models
 - The inclusion of behavioral health, naturopaths, clinical nurses, and other professions that can contribute to primary care.
 - Obtaining more data on primary care providers at the point of licensing/ relicensing.
 - Creating support services for small practices in rural areas.
 - Creating a new dental profession for underserved areas.
 - Expanding the use of dental auxiliaries.
 - Advancing the adoption of evidence-based clinical practice standards.
 - Tort reform.
 - Linking primary care, home care and long term care in general.
 - Understanding how workforce is used in community-based wellness and prevention.

- The advisory group brainstormed on how to increase the **supply** of primary care workers. Ideas included:
 - Re-tasking Medicaid GME dollars.
 - Reallocating scholarship dollars.
 - Developing and delivering curricula in a manner that encourages best practices and a team approach.
 - Delivering curricula more efficiently to students.
 - Providing academic credit for military or life experience.
 - Indemnifying hospitals that provide clinical training.
 - Utilizing the National Health Service Corps.
 - Removing unnecessary re-licensing requirements.
 - Recruiting and licensing providers from other states and countries.
 - Providing career pathways for incumbent workers.
 - Exposing high school students to health care career options.
 - Creating community health residency programs.

Division into sub-groups

- The advisory group divided into three smaller groups, one to develop ideas relating to using the existing workforce more efficiently, one to develop ideas relating to increasing the supply of primary care workers, and one to develop ideas relating to dental care.

Next meeting

September 15, 2010, 2:00 PM to 5:00 PM (location TBA)