

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

September 15, 2010 Meeting Summary

The advisory group discussed recommendations for the final report. Issues discussed included:

- Reserving admission slots for in-state students and the need to collect more data on this issue;
- Credential creep and the pending Doctor of Nursing Practice degree;
- Recognizing clinical nurse practitioners as advanced practice nurses;
- Allowing institutions of higher education to cover student liability for clinical training, similar to the authority already granted to the University of Washington;
- Whether it is necessary to create new mid-level profession or whether allowing practitioners to practice at the top of their licenses would be sufficient;
- Making primary care an attractive career for students;
- Expanding the use of collaborative care models such as medical homes, including allowing practitioners to be reimbursed for care coordination/management;
- Mandating medical schools to produce more family practice physicians (the group acknowledged that this may be difficult given that students choose their own specialties);
- Requiring the state to coordinate federal grant applications;
- Helping to ease the debt burden on medical students before match day;
- Increasing residency slots in Washington;
- Mapping out where the state should be by 2014 in order to attract students into primary care careers;
- Requiring interdisciplinary education;
- Promoting remote health care services like telemedicine, e-mail consultations, and health buddies;
- Re-allocating resources to primary care from other disciplines;
- Re-establishing funding for the state loan repayment program;
- Expanding educational opportunities for entry-level professions;
- Requiring PEBB enrollees to have a primary care physician;
- Changing the certificate of need process to require hospitals to provide a workforce plan;
- Maximizing federal funding for residencies in underserved areas;
- Eliminating impediments to continuing licensing that are impediments for which there is no evidence for quality;
- Recognizing the need to include dental care, allied health, and behavioral health in the work group's recommendations;
- Supporting employers who are trying to get people into school;
- Recognizing naturopaths as primary care providers for purposes of Medicaid; and
- Emphasizing that increasing the primary care workforce will create jobs, which will help the economy.

The advisory group has no plans to meet again. The members of the group will finalize their recommendations electronically and will present them to the Joint Select Committee on Health Reform Implementation at its next meeting.