

HEALTH CARE WORKFORCE WORKING GROUP MINUTES

December 19, 2024

1:00 PM

The Health Care Workforce Working Group held a public meeting on 12/19/2024, beginning at 1:00 PM, held at the following location:

10375 Professional Circle
Third Floor – Walker Room
Reno, NV 89521

Working Group Members Present

Chair John Packham, PhD, Associate Dean, University of Nevada, Reno School of Medicine

Dr. Antonina Capurro-Peled, Medical Epidemiologist, Division of Child and Family Services

Dr. Tyree Davis, Chief Medical Officer for Ancillary Services, Nevada Health Center

Dr. Mitch DeValliere, Agency Manager, Division of Public and Behavioral Health

Cathy Dinauer, MSN, RN, Executive Director, Nevada State Board of Nursing

Victoria “Vikki” Erickson, LCSW, Executive Director, Board of Examiners for Social Workers

Joseph Fillipi, Jr., Executive Director, Patient Protection Commission, Department of Health and Human Services

Joelle McNutt, MA. Ed., Executive Director, State of Nevada Board of Examiners for Marriage and Family Therapists & Clinical Professional Counselors

Steve Messinger, MS, Policy Director, Nevada Primary Care Association

Sarah Restori, Administrative Director, Nevada Board of Psychological Examiners

David Wuest, Executive Secretary, Nevada State Board of Pharmacy

Working Group Members Not Present

Edward Cousineau, J.D., Executive Director, Nevada State Board of Medical Examiners

Frank DiMaggio, Executive Director, Nevada State Board of Osteopathic Medicine

Dr. Tejpal Johl, Secretary-Treasurer, Nevada State Board of Dental Examiners

Jose Melendrez, MSW, Executive Director, University of Nevada, Las Vegas, School of Public Health

Meeting Notes

1. Call to Order

Roll call was taken and determined a quorum of the Health Care Workforce Working Group (HCWWG) was present, per Nevada Revised Statute (NRS) 439.51

Dr. Mitch DeValliere acknowledged that the meeting was being recorded to facilitate transcription.

2. Public Comment

Chair John Packham read the public comment script.

Chair Packham asked for public comment.

None heard.

3. Approval of Previous Meeting Minutes

The October 17, 2024, meeting minutes are available online for review.

Vikki Erickson made a motion to approve the minutes.

Joseph Filippi proposed an amendment to correct the spelling of his last name then seconded the motion.

The motion passed and the minutes were approved.

4. Informational: Introduction of New Member

Chair Packham asked for the newest member, Dr. Tyree Davis, to introduce himself.

5. Informational: Healthcare Workforce Data Collection in Nevada Through the Licensure Renewal Process

Chair Packham introduced himself with his role in the workgroup and working credentials.

He discussed where to find the data he has researched that will inform the HCWWG: [Office of Statewide Initiatives | School of Medicine | University of Nevada, Reno](#). There is also Nevada Instant Atlas – [Nevada Healthcare Workforce Data Map | School of Medicine | University of Nevada, Reno](#) – that provides county-level health workforce and population health data. The data is continually updated.

Dr. Packham mentioned two resources for data: the Nevada Rural and Frontier Health Data Book – which the newest version will be out by 12/20/24; and the Healthcare Careers in Nevada Manual – in its seventh edition and used by principals and guidance counselors to generate interest in healthcare careers – it lists where to go for licensure , employment opportunities, etc.

Senate Bill 379 was given a high overview by Dr. Packham. It was passed during the 2021 legislative session. It requires state licensing boards to collect additional data on their licenses through the annual or biannual renewal process. Another intent is to obtain input from stakeholders – primarily licensing boards, but also the individuals who have obtained licenses through the boards in order to develop disciplinary data. There is a core set of questions and there are questions specific to each board. Dr. Packham stated that his office and workforce colleagues do not want to be the definitive word on data collection but needs the input of the boards and their licensees. SB379 also authorizes DHHS for oversight and management of the data.

Dr. Packham and other stakeholders attended a pre-pandemic workshop with states who already collected data through licensure renewal. There were several states in attendance, including Nevada, who were interested in the process. Dr. Packham learned about the process to see if it was a good fit for Nevada and included other stakeholders such as: Sara Hunt from the UNLV psychiatry department, DHHS including Steve Messenger from the primary care office, Nevada Medicaid, David Schmidt from DETR, Vance Farrow from the Governor's Office of Economic Development, and Kathy Dean from the Nevada State Board of Nursing – she has been working on this data for around 10 years and is at the forefront of the process of putting health workforce data collection through the licensure renewal process forth to the legislature. He also worked closely with some of the licensing boards to get a firm understanding of their concerns about the process.

Lawmakers were given the argument for health workforce data collection – policy makers and stakeholders interested in understanding health workforce supply and demand in Nevada have a lack of consistent and easily accessible source of information on the workforce; therefore, we need better data to create significant change on improving access to healthcare and containing healthcare costs.

An example provided was the nursing workforce and the shortage of nurses. There is some information available due to licensure counts but are lacking full time employees (FTEs) data.

The argument continued and data for evidence-based policy making was a key component of what drove the effort. It was discovered five to six years ago by other states having success retrieving data through the licensure renewal process. This provides Nevada with the opportunity to collect efficiently and effectively standardized data.

Another key component in the argument to lawmakers was the role this type of data could play regarding the health professional shortage area designation. The example provided was that of Indiana who quadrupled the number of dental provider shortage areas because they had the data and FTEs down to the county level.

This type of information will address how Health Professional Shortage Areas (HPSA) designations play a role in broader health, workforce planning and development, including higher education programs such as medicine, nursing, universities, allied health, and the community colleges. It will inform planning and development outside of the public sector in higher education with respect to the hospital industry, nursing homes, etc. Having a better understanding of our workforce, particularly who is available to provide care will inform preparedness, planning and development, which will be in our focus for many years to come.

Currently, over thirty states collect health workforce data through the licensing and licensure renewal process for physicians, nurses, dentists, and other healthcare occupations. Some states mandate this, and some have a soft mandate. Dr. Packham would like to bring information to the group at the next meeting and include the experience of a couple of states in the West, primarily New Mexico. The state has at its disposal, through licensure renewal data, a precise FTE of the number of psychiatrists, clinical psychologists, clinical social workers, Marriage and family therapists and counselors at the county level. This informs HPSA of designation and state policy, making what industry and employers can do to address issues. There is no need to recreate existing processes as Nevada has plenty of state level models already in place.

Dr. Packham will bring in colleagues to present to the work group what challenges Nevada has and how this type of data collection can help with the challenges. He noted that some boards already collect some of this information. However, there are gaps in what is known, particularly about current practice and employment. He receives licensure lists every couple of years from most of the boards. Better data on exactly where individuals are practicing, as well as how much is needed rather than just licensure counts. It's also a value to policy makers and planners to have a better understanding of the social and demographic characteristics of the workforce. For example, there is insufficient data on that and consequently a poor understanding of what segments of our health workforce are close to retirement. Nevada does not have the data and that has caused guess work for that information.

On the PowerPoint presentation slide labeled "Key Health Workforce Data Elements there is a bullet point that lists other potential data points such as the level of educational debt, provisions of care to Medicaid and Medicare recipients, and retirement plans. These are not contained in the authorizing legislation, but the information was made available. The data collected through licensure renewal provides the opportunity to think about some of the additional elements, like the level of educational debt faced by licensees in the state because it impacts the likelihood that they will stay in Nevada, if they can find more lucrative employment to pay off their educational debt.

HPSA designations is a great concern to the primary care association and others. HPSA designations matter in terms of the eligibility of individual practitioners, and facilities for some of the types of federal programs reimbursement for loan forgiveness, eligibility, and J-1 visa waiver, etc.

For example, the CMS bonus payment system is of great importance to providers in rural areas of the state which can be acquired with better data for better policy planning and development. This will help enhance Nevada's healthcare workforce support system.

Dr. Packham will be presenting the information on HPSA designation that has been compiled by his office. He will share some of that information in early 2025. The information highlights that across Nevada, portions of most, if not the entire, counties are designated as shortage areas.

The data behind these designations such as the data through the primary care office and their partners is accurate and informs this process, but Dr. Packham would argue we could still use better data. The facts such as the amount of hours or time spent by the delivery of direct patient care gives better access and reimbursement through better data. Also, what other states are doing and what is the nature of shortages in our state could inform a patient protection commission

An example of the use of the collected data is in the 2023 legislative session SB375 provided a substantial amount of new grant funding for public nursing programs in the state of Nevada, but the ROI needs to be evaluated.

Chair Packham opened section 5 of the agenda for discussion.

Joseph Filippi – Division of Health Care Financing and Policy – went on the record and thanked Dr. Packham for the information he provided regarding healthcare workforce data collection in Nevada through the licensure renewal process. He mentioned that the bill is from 2021 so it has taken a while to implement and there is still a lot of work that needs to be done. The original intent of the bill is helpful for understanding what the group can do to help the state continue to implement the database and then ultimately being able to review the data to improve health policy decisions.

Cathy Dinauer – Board of Nursing – went on the record and thanked Dr. Packham for the information he provided regarding healthcare workforce data collection in Nevada through the licensure renewal process. She mentioned that the Board of Nursing is a large board and understands that the data collected is important and often uses the workbook during presentations that discuss the workforce shortage. She stated that the board asks the questions discussed in Dr. Packham's presentation, but they are asked on a voluntary basis as it is difficult for applicants if the questions are mandated and would be hard to track.

Chair Packham responded to Ms. Dinauer by asking her to possibly provide a presentation at a future meeting on what the Board of Nursing does. He feels that State Board of Nursing along with others across the country through the coordination of the National Council of State Boards of Nursing have been on the forefront of the effort of better data collection. Chair Packham publicly asked Ms. Dinauer to share her experience of what worked and what did not at a future meeting. He provided his opinion on mandating the currently voluntary questions asked of licensees by the State Board of Nursing. He discussed the importance appealing to licensees that the questions are for the greater good in having better data as well as affecting educational reimbursement, loan repayment, etc. Also, letting licensees know that we are going to be much smarter and better as a state if they share that information.

6. FOR POSSIBLE ACTION: DISCUSSION AND POSSIBLE ACTION TO ESTABLISH A HEALTH CARE PROVIDER DATABASE PER NRS 439A.116

Chair Packham began the discussion for agenda item 6 by stating that it is his opinion that the group is not ready for this stage but will keep it at the forefront. He then opened up discussion around this item.

Joseph Filippi – Division of Health Care Financing and Policy – went on the record to ask a question for Mitch DeValliere – Division of Public and Behavioral Health. In reviewing the statute, the work group is supposed to be analyzing the data that is eventually submitted to

this database. He asked that as the database currently does not exist, what does the Division of Public and Behavioral Health (DPBH) need to implement and create the database and the survey questionnaire for the boards to eventually share with their licensees. He asked if there is funding needed for a survey to go out or to maintain this data once it's obtained from the boards, and if the Office of Analytics should be involved who oftentimes houses a lot of the Division of Health Care Financing and Policy (DHCFP) data and helps analyze data for DHHS.

Dr. Mitch DeValliere – DPBH – went on the record to address Mr. Filippi's questions. Dr. DeValliere clarified if DHCFP would be able to house the data. He discussed that even though he is with DPBH, this is a part of the department (DHHS) wide effort as well as the universities and all of the associated boards. based on what's in NRS 439A.116. Dr. DeValliere discussed that some of the topics that Dr. Packham suggested are the next steps would be to start working on a questionnaire that could be used and there will be differences between boards and their requirements. Funding has not yet been discussed. Dr. DeValliere posed the question: if establishing a framework to set it up should be discussed in this meeting or a different meeting. He proposed the next meeting in order to be more prepared for the discussion. He also mentioned that funding has not yet been discussed at any level and analytics would need to be reimbursed in some format. For example, the personnel that would be working on it and that funding could come from grants available through divisions within DHHS.

Joseph Filippi responded that he was unsure if funding through grants is something that can be discussed with division leadership between now and the next meeting. Also, the new legislative session starts in February but is unsure if there have been any budget decisions have been made to allocate funds for the database or if it still needs to be discussed or possibly decided to allocate funds over the next biennium and perhaps it is something that can be presented to division leadership or the Director's Office to let them know that funding is needed to operate the database.

Chair Packham offered that because the bill is still not operational, the logistics can be discussed in a future meeting perhaps in June or July. He reminded the group that they are the beneficiaries of the fact that a lot of states have worked through this process. This will take multi years to hit the mark.

7. FOR POSSIBLE ACTION: DISCUSSION AND POSSIBLE ACTION TO ESTABLISH MEETING SCHEDULE AND FUTURE AGENDA ITEMS

Dr. Packham opened agenda item 7 by asking the group to look at their calendars in order to find a date that works for the next meeting which will most likely be June or July after the legislative session.

After some discussion, Joseph Filippi motioned for the meeting to be held on July 18, 2025, at 1:00pm PST. Dr. Tyree Davis seconded the motion. The motion passed unanimously.

Dr. Packham committed to bring a presentation on the experiences of other states and possibly a guest speaker. He will try to identify some examples of the data's use in the forms of reports generated through licensure renewal data.

Dr. Antonina Capurro-Peled – DCFS – asked about the timeline and how long the process takes. Also, is there a deadline?

Dr. Packham responded that the group was started but had to pause due to the pandemic and this is a reset of the work of the original group.

Dr. Capurro-Peled then brought up that they had been talking to Indiana in the past and thinking about how to implement this and had talked about rolling out with some boards at the beginning and then subsequently adding ones on. She then asked if that was still a strategy going forward and if it would inform guest speakers or states being evaluated in order to deep dive into one area and move on once that particular area is developed.

Dr. Packham responded that he would like to do that as long as it keeps with open meeting law and the way the committee should be organized. He will work with Dr. DeValliere to roll out a mini survey to board members about what they would like to see on the agendas in 2025. He reiterated that there should not be a rollout to every board at the same time, but instead strategically choose which ones to rollout to first emphasizing smaller boards to make progress early on.

Dr. Tyree Davis posed the final question: Is there a current form or set of questions to ask that are in addition to what the current licensure applications already asks?

Dr. Packham responded that yes, there is. In follow up to this meeting he would like to send out the White Paper he used during testimony at the 2021 legislative session that provides examples that were provided by the Federation of State Medical Boards in their effort for boards of allopathic and osteopathic medicine.

Chair Packham reiterated that he and Dr. DeValliere will follow up after January 1, 2025, and that he has ideas for the July agenda. He wants the group to use the White Paper to record questions and agenda items they would like to see.

8. PUBLIC COMMENT

Chair Packham asked for public comment.

No public comment was heard.

9. FOR POSSIBLE ACTION: TO ADJOURN

Chair Packham adjourned the meeting.